

health, Welfare public service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38106

STATE FILE NUMBER

FILED DEC 13 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5177

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Queen of the World Hospital</u>			Length of stay in lb <u>70 YEARS</u>		d. STREET ADDRESS (If outside, give location) <u>2522 Chelsea</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>A.</u> Last <u>Kleinman</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>27</u> Year <u>1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 26, 1872</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>04</u> Days <u>04</u> Hours <u>00</u> Min. <u>00</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired SALESMAN DOSTALL'S SHOE STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAVENWORTH, KANSAS</u>		
11. BIRTHPLACE (City and state or country) <u>USA.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>				
13. FATHER'S NAME <u>KLEINMAN</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>Queen of the World Hospital</u> <u>KANSAS CITY, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Cardiovascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>443h</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>11/10 5p.</u> to <u>11/27/56</u> and last saw her alive on <u>11/27/56</u> . Death occurred at <u>11:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>J. M. Walden</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>1738 Troost</u>		22c. DATE SIGNED <u>11/28/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOV. 30-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
24. FUNERAL DIRECTOR <u>D. W. NEWCOMER SONS</u> ADDRESS <u>1331 BRUSH CREEK BLVD</u> <u>K.C. MO.</u>				25. DATE RECD. BY LOCAL REG. <u>11-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Everett H. Smith*

Licensed Embalmer No. *52*

P. O. Address *K. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.